to self-identified race (Caucasian or African American) and gender. Data was retrospectively gathered and prospectively analyzed for procedural success (reduction in LVOT gradient) and procedural complications.

**RESULTS** There were 298 males (53±13y) and 347 females (60±15.5y). The male cohort received a higher dose of alcohol; however, there were no other differences in procedural success, mortality, or need for permanent pacemaker implantation. (Table 1) There were 555 Caucasian (57±15y) and 59 African American (59±15y) patients in the study. African American patients had more septal arteries injected with more alcohol, a higher post ablation creatinine kinase level, and a greater reduction in peak LVOT gradient compared to the Caucasian cohort. There was no difference in procedural mortality or the need for permanent pacemaker. (Table 2)

| | Male (STD; CI; or number of incident) | Female (STD; CI; or number of incident) | P value for gender | Caucasian (STD; CI; or number of incident) | African American (STD; CI; or number of incident) | P value for race |
|---|---|---|---|---|---|---|
| N | 298 | 347 | NA | 555 | 59 | NA |
| Age | 53 (14; +/- 1.5) | 60 (15.5; +/- 1.6) | 0.0000000056 | 57 (15; +/- 1.25) | 59 (14; +/- 4) | 0.3 |
| Reduction in Gradient | 87 (51; +/- 6.14) | 84 (54.8; +/- 6.1) | 0.85 | 84 (50; +/- 4.5) | 99 (55; +/- 16) | 0.05 |
| Number of Septal Arteries Injected | 1.16 (0.4; +/- 0.05) | 1.16 (0.45; +/- 0.05) | 0.96 | 1.15 (0.4; +/- 0.03) | 1.26 (0.5; +/- 0.13) | 0.05 |
| Amount of EtHO Injected | 2.27 (0.7; +/- 0.08) | 2.14 (0.76; +/- 0.08) | 0.03 | 2.2 (0.74; +/- 0.06) | 2.34 (0.7; +/- 0.2) | 0.09 |
| Peak Creatinine Kinase | 1194 (701; +/- 81) | 1082 (790; +/- 85) | 0.06 | 1099 (765; +/- 65) | 1426 (646; +/- 170) | 0.001 |
| Rate of Heart Block Requiring PPM | 6 % (18 of 298) | 6.9% (24 of 347) | 0.65 | 6.3 % (35 of 555) | 8.5% (5 of 59) | 0.52 |
| Procedural Death | 1% (2 of 298) | 1.2 % (4 of 347) | 0.52 | 0.9% (5 of 555) | 1.7 % (1 of 59) | 0.55 |

**CONCLUSIONS** There was no significant effect of gender on the outcomes of alcohol septal ablation. Despite the need for more septals injected and a higher alcohol dose (larger infarct size) in African American patients, the clinical outcomes were similar to the Caucasian cohort. The higher alcohol dose and infarct size likely reflects the greater septal hypertrophy typically seen in African American patients with HOCM.

**CATEGORIES STRUCTURAL:** Alcohol Septal Ablation/HOCM

**KEYWORDS** Ablation, alcohol septal, Hypertrophic obstructive cardiomyopathy, Racial disparities

### TCT-750
**Abstract Withdrawn**

### TCT-751
**Abstract Withdrawn**

## STROKE AND STROKE PREVENTION

**Wednesday, October, 14, 2015, 4:00 PM-6:00 PM**

**Abstract nos: 752 - 763**

### TCT-752
**Endovascular Therapy Versus Medical Therapy for Management of Acute Ischemic Stroke: Systematic Review and Meta-Analysis of Prospective Randomized Controlled Trials**

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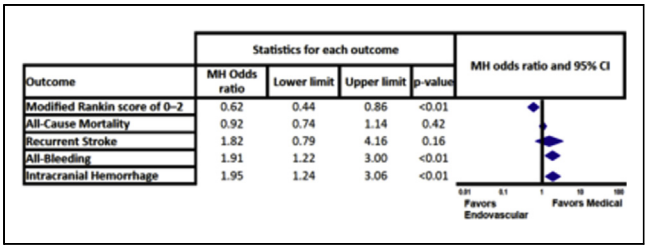
**BACKGROUND** Several randomized controlled trials (RCTs) have shown inconsistent results in regards to outcomes in patients with acute ischemic stroke (AIS) undergoing endovascular therapy (ET) versus standard medical treatment (MT). Thus we sought to evaluate the effectiveness and safety of ET compared to MT in patients with AIS utilizing data from all available RCTs.

**METHODS** We conducted electronic searches of RCT. The primary efficacy endpoints were modified Rankin scale 0 to 2, recurrent stroke, and all-cause mortality. Safety endpoints included intracranial hemorrhage (ICH) and all-bleeding events. Odds ratios (OR) and 95% confidence intervals (CI) computed using the Mantel-Haenszel method. Random-effect model was used. Sensitivity analysis and bias quantification were also assessed.

**RESULTS** Ten RCTs were included, with a total of 2,716 patients. There was a significant difference favoring ET compared to MT for modified Rankin scale score 0 to 2 (OR: 0.62; 95% CI: 0.44 to 0.86; p< 0.01). We found no difference between ET vs. MT for all-cause mortality (OR: 0.92; 95% CI: 0.74 to 1.14; p= 0.42) and recurrent stroke (OR: 1.82; 95% CI: 0.79 to 4.16; p= 0.16). For safety outcomes, there was an increased risk of all-bleeding events (OR: 1.91; 95% CI: 1.22 to 3.00; p< 0.01) and ICH (OR: 1.95; 95% CI: 1.24 to 3.06; p< 0.01) following ET. Sensitivity analysis of one study removal showed that exclusion of the PROACT II study from the analysis for all-bleeding and ICH outcomes changed the final effect to a non-significant difference between both approaches. No evidence of publication bias was observed. The number needed to treat for a Rankin score 0 to 2 is 8; the number needed to harm for all-bleeding and ICH is 8 and 10 respectively.

**CONCLUSIONS** The results of this meta-analysis indicate that in patients with AIS, ET is superior to standard MT for disability-free survival, with an increased risk of bleeding and ICH.




**CATEGORIES ENDOVASCULAR:** Stroke and Stroke Prevention

**KEYWORDS** Endovascular therapy, Meta-analysis, Stroke, acute ischemic

### TCT-753
**Peri-interventional Complication Rates In Patients Undergoing Carotid Artery Stenting Depending On The Side Of The Stenosis Treated**

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**BACKGROUND** We retrospectively analyzed data from our center to quantify complication rates in patients undergoing carotid artery stenting (CAS). Thereby, we sought to evaluate a possible association between the vessel (left vs. right) treated and the respective complication rate.

**METHODS** In a retrospective analysis of 1124 consecutive patients (pts) undergoing CAS at our institution between December 1997 and January 2015, 557 pts (49,6%) underwent stenting of the left carotid artery (group 1) and 567 pts (50,4%) of the right carotid artery (group 2). Thirteen patients with a simultaneous intervention of both carotid arteries were excluded from our analysis. The baseline data of both groups were similar (mean age 71.4 ± 38.9 years, 175 females (31.4%) in group 1 versus mean age of 71.9 ± 39.1 years and 189 females (33.3%) in group 2; no differences in comorbidities).

**RESULTS** CAS was successful in all but 32 patients (13 [2.3%] of them in group 1, and 19 [3.6%] in group 2, p=ns). The mean degree of stenosis was reduced from 85.5 ± 10.3% to 3.1 ± 6.4% in group 1, and 85.9 ± 9.6% to 3.5 ± 7.3% in group 2, respectively (p=ns). The mean stent length was 27.9 ± 6.7 mm in group 1 and 27.5 ± 9.8 mm in group 2 (p=ns), and the mean procedure time was not different between both groups (17.2 ± 11.4